Monitoring and Compliance of the Hygiene Code
Meeting with MRSA Action UK and The Healthcare Commission
15th May 2007, 3.00pm
Healthcare Commission
Finsbury Tower, London

Present: Murray Devine, Safety Strategy Lead, Healthcare Commission
Paul Hargreaves, Head of Specialist Statutory Regimes, Healthcare Commission
Catherine Purnell, Healthcare Commission
Derek Butler, Chair, MRSA Action UK
Maria Cann, Secretary, MRSA Action UK

Apologies: Moya Stevenson, MRSA Action UK
Helen Jenkinson, Implementation Manager, Healthcare Commission

Introductions
Murray outlined his role as Safety Strategy Lead in helping to shape the work involving the implementation of the Hygiene Code and Trusts' self-assessment through the Annual Healthcheck. He introduced Catherine and Paul who outlined their input into the Safety Charter and Implementation of the Hygiene Code. Murray outlined the risk based approach they were taking in assessing Trusts' response to the Annual Healthcheck and thanked us for our considered response to the consultation on the 2007/08 Annual Healthcheck, and confirmed that there had been some discussions around our input.

Maria and Derek spoke about the formation of the Charity and how they personally had become involved with the loss of their loved ones and their respective experiences with regard to the contraction of MRSA and the way in which the hospitals had responded. This provided a useful insight for the team and we were able to put the patient perspective across, and show the anxiety that healthcare professionals cause when they are non-responsive to the needs of the patient and their families.

MRSA Action UK Initiatives
MRSA Action UK was given the opportunity to talk about the initiatives we had been working on and our future plans, we gave a short presentation; in brief the following items were discussed:

- Devising a checklist of key interventions outlined in the Hygiene Code to aid trusts in reducing the risk of hospital infections
- Working on a toolbox for trusts to aid in the implementation of the Hygiene Code
- Identifying core information needed by patients if they have a healthcare infection
- Sharing and disseminating good practice, information for patients
- Work with Strategic Health Authorities
- Working with other support groups, signposting people who come to us for help

There was interest in how we were received by Trusts in terms of Governance. We outlined that it was mainly positive, our own individual relationships with Trusts were, for the Secretary in particular, fractious at first, however we had worked together to get some acknowledgement of where things had not gone well and what could be done to improve. For the Chair a similar experience in the Trust where his stepfather had died. In terms of Trusts where we were personally independent our input was generally welcome, albeit with

agreement from Trust Boards, which is what we would expect. Trusts were interested to hear if we had examples of good practice, as were other professionals we came into contact with.

Ongoing reviews and investigations
The HCC had a number of reviews and investigations ongoing in relation to infection outbreaks to include Stoke Mandeville, Leicester (C.Diff 027 epidemic), Maidstone and Tunbridge Wells.

In response to our questions on the HCC recommendations for improvements, it was confirmed that where trusts do not improve they will be taken into special measures. In one particular Trust there was a willingness to accept that there may be a need to overspend on budgets to ensure patient safety.

There was some discussion in respect of regulation and meeting standard C4a in Trusts' self-assessment. While self-assessment has a role in improving standards within the healthcare system this can only be achieved if the assessment is not only fair but also accurate. Derek mentioned that his industry was the most regulated and assessed in the world and that they use self-assessment for aspects of their work. They do however have independent auditors visit and inspect and evidence the self-assessment to ensure that they are complying with regulations. Derek made the comment that if the health service had the same system in place, and in his opinion, it should, this would remove any doubt as to the validity of that self-assessment.

In response to our question on DOH funding, it was confirmed there was a good take up by Trusts of the Department of Health's fund for capital works to improve infection control. Money had been spent on capital works such as hand basins. We said it would be interesting to assess if this had brought about improvements, which was noted.

The 41-trust follow-up of those declaring non-compliant or not enough assurance to say they met standard C4a[1] (see footnote) had reduced to 32 with mergers. All but one had acted on measures they said they needed to take to achieve compliance.

The Annual Health Check 2006/07
On 1st May, trusts were required to submit their 2006/07 assessments including declarations on the Hygiene Code – to be published on their websites Friday 19th May.

This would be backed up by the HCC carrying out:
- Visits
- Analysis of infection rates and outbreaks
- Administration of the Clinical Negligence Scheme for Trusts (CNST) [NHS Litigation Authority Risk Management]
- Evidence from Overview and Scrutiny Commissions
- Analysis of complaints

The healthcare commission inspection programme for 2007/08 – "surveillance and response"
Paul outlined the programme for future inspections in terms of the Annual Healthcheck and the Implementation of the Hygiene Code. The inspections would include the collection of data, challenging where there are the low numbers to ensure there is necessary reporting.

[1] Standard C4a - Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving a year on year reduction in Methicillin-Resistant Staphylococcus Aureus (MRSA)])

Analysis of complaints [as we had requested in our response to the Annual Healthcheck consultation]. Analysis of other soft data using local intelligence, and paying attention to articles in the media.

MRSA and COSHH

The Health and Safety Executive had not been able to attend the meeting on this occasion. Derek requested that we set up a meeting to discuss the lines of demarcation for the HSE in terms of compliance with the HSAWA and COSHH regulations and MRSA. There was some discussion surrounding this issue of how COSHH and HSAWA would apply in respect to the contraction of healthcare associated infections, there was a Sector Information Minute that had outlined the areas of responsibility relating to MRSA as a pathogen and the COSHH regulations, but to date it appeared no-one had been able to get the HSE involved. Murray agreed to pursue setting up a meeting with the HSE.

All were thanked for their attendance; it was useful to be able to outline what was being done to drive improvements. The meeting closed at 5.00pm